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United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program Development
4700 River Road, Unit 152
Riverdale, MD 20737-1237
Telephone: 301/734-8963

ENQL 7-1 CY02
PERMANENT

Retire 05/07

May-02, 2002

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) report; adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of December 1, 2001 through February 28, 2002:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

| | <u>Incident Category</u> | <u>No. of Incidents</u> |
|------|--------------------------|-------------------------|
| -001 | D-A | 1 |
| | H-D | 1 |

There have been no reportable adverse incidents since May 31, 2001 until the present reporting period. Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Carl Bausch
Deputy Director, Environmental Services
Policy and Program Development

Enclosure



APHIS- Protecting American Agriculture

An Equal Opportunity Employer

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

| | | | | |
|---|---|---------------------------------|---|------------------------------|
| INCIDENT CODE H-D | INCIDENT STATUS | | DATE WS BECAME AWARE OF THE INCIDENT 1/27/02 | ES USE ONLY REPORT NUMBER |
| | Date <input checked="" type="checkbox"/> New 1/27/02 | <input type="checkbox"/> Update | | |
| EMPLOYEE NAME (To contact for additional information) | | TELEPHONE NUMBER | CONTACT NAME (If Non-APHIS) | |
| DUTY STATION ADDRESS | | ADDRESS | | |
| INCIDENT LOCATION | | | SOURCE OF INFORMATION | |
| CITY | STATE NE | COUNTY | <input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other | |

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M-44 discharge, fired?

| | |
|--|--|
| INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] | SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] |
|--|--|

Ranch, pasture

While attempting to cover an M-44 with a concrete block, the M-44 trigger was accidentally hit. The M-44 was discharged.

| | | | |
|--|--|---|---|
| EPA REGISTRATION NUMBER 56228-15 | PRODUCT NAME M-44 Cyanide Capsule | ACTIVE INGREDIENT Sodium Cyanide | |
| WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (if applicable) N/A | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

A personal inspection was done on January 28, 2002. During an interview he relayed that he was covering an M-44 with a cinder block to protect bird dogs that were expected in the area. Accidentally fired, the NACN hit on left side of face with a small amount contacting the eye. washed his eye out with water and went to hospital. The emergency room physician examined and had his eyes flushed with water. was then released.

| | | | |
|--------------------|-----------|------------------|--------------------|
| NAME OF PREPARER | SIGNATURE | TELEPHONE NUMBER | DATE 2/4/02 |
| NAME OF SUPERVISOR | SIGNATURE | TELEPHONE NUMBER | DATE |

| | | |
|--------------------------------------|--|---------------|
| HUMAN INCIDENT - SUPPLEMENTAL REPORT | ROUTE OF EXPOSURE | ES USE ONLY |
| | <input type="checkbox"/> Oral <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Eye <input type="checkbox"/> Skin | REPORT NUMBER |

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

The symptoms were cloudy vision. There were no adverse effects. After rinsing with water, vision was restored to normal.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

No tests were performed.

| | | |
|---|--|--|
| TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS | WAS ADVERSE EFFECT THE RESULT OF | TYPE OF MEDICAL CARE SOUGHT |
| | Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Attempted Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Few seconds | | Attending physician at hospital flushed eyes with water. |

DEMOGRAPHICS

| | | | |
|--|-----------|--|-----------------------|
| Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Age 64 | If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No | Occupation Rancher |
|--|-----------|--|-----------------------|

EXPOSURE DATA

| | | | | |
|----------------------------------|-------------------------------------|----------------------------|--|---|
| Amount of Pesticide 1 capsule | Duration of Exposure Few seconds | Weight of Victim 250 lb | Was the exposure occupational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If "Yes", work days lost to illness related to exposure |
|----------------------------------|-------------------------------------|----------------------------|--|---|

WERE PERSONAL PROTECTIVE EQUIPMENT WORN (if yes, describe)

☐ Yes ☐ No

wearing prescription eye glasses.

ADDITIONAL FACTORS

All M-44 were placed in accordance with the EPA 26 Use Restrictions and state pesticide laws. admitted negligence and accepted responsibility for his actions.

| | | |
|--------------------|-----------|----------------|
| NAME OF PREPARER | SIGNATURE | DATE 2/4/02 |
| NAME OF SUPERVISOR | SIGNATURE | DATE |

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

RECEIVED
FEB 14 2002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

| | | | | |
|---|---|---------------------------------|---|--------------------------------|
| INCIDENT CODE D-A | INCIDENT STATUS | | DATE WE BECAME AWARE OF THE INCIDENT 2-4-02 | DST. USE ONLY REPORT NUMBER |
| | Date 2-4-02 <input checked="" type="checkbox"/> New | <input type="checkbox"/> Update | | |
| EMPLOYEE NAME (To contact for additional information) | | TELEPHONE NUMBER | CONTACT NAME (If Non-APHIS or different from reporter) | |
| DUTY STATION ADDRESS | | ADDRESS | | |
| INCIDENT LOCATION | | | SOURCE OF INFORMATION | |
| CITY | STATE OR. | COUNTY | <input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other Pager | |
| EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) | | | | |

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Rangeland / Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

| | | | |
|--|---|---|---|
| EPA REGISTRATION NUMBER | PRODUCT NAME m-44 | ACTIVE INGREDIENT Sodium cyanide | |
| WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted | WHAT WAS THE DILUTION RATIO (if applicable) | WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

SUMMARY OF THE INCIDENT (Attach supplemental form)

**Supplemental Form was submitted to State Office.
Also to District Supervisor.**

| | | | |
|--------------------|-----------|------------------|-----------------------|
| NAME OF PREPARER | SIGNATURE | TELEPHONE NUMBER | DATE 2-9-02 |
| NAME OF SUPERVISOR | SIGNATURE | TELEPHONE NUMBER | DATE |

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (if known)

I heard it was a German Shepherd

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

I never seen the dog, I just heard about it. The dog was nowhere around.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N.A.

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N.A.

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

Small amount of m-44 bait was used on m-44 head.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Pastureland, Cattle were pasturing and calving. Coyotes came in and killed 1 calf. Rancher reported 5 other calves missing. Several other methods were used before m-44's were implemented.

ADDITIONAL FACTORS

The dog owner was informed that coyotes were killing calves and that coyote control equipment was in place by the rancher. He chose to disregard the warning. Dog owner admitted to me he was at fault.

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE